2. Stricle Number 7012 3050 000 7256 0235	3-L	To helmsford, MA	tumes from All Road	more organ	1. Adicle Addressed to:	<ul> <li>that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> <li>or on the front if space permits.</li> </ul>	<ul> <li>Complete items 1, 2, and 3. Also complete</li> <li>Complete items 4 if Restricted Delivery is desired.</li> <li>Coint your name and address on the reverse</li> </ul>	SENDER: COMPLETE THIS SECTION
	4. Restricted Delivery? (Extra Fee) ☐ Yes	Service Type     □ Certified Mail    □ Express Mail     □ Registered    □ Return Receipt for Merchandise     □ Insured Mail    □ C.O.D.			D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	B. Received by ( <i>Printed Name</i> )  C. Date of Delivery	A. Signature Andressee	COMPLETE THIS SECTION ON DELIVERY

Mary Commercial Commer

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Sender: Please print your name, address, and ZIP+4 in this box

United States District Court
Office of the Clerk
United States Courthouse
1 Court See Way, Suite 2500

15-13813-LTS